

PROGRAM INFORMATION:

Program Title:	Cultural Specific Services-Living Well Center-OP/ICM	Provider:	The Fresno Center
Program Description:	<p>The Fresno Center utilizes culturally and linguistically capable, qualified mental health practitioners to provide three levels of care, outpatient (OP), intensive case management (ICM), and Full Service Partnership (FSP) services, to the Southeast Asian (SEA) community, particularly those of Hmong, Laotian, Vietnamese or Cambodian descent, through the “Living Well Center” (LWC). Program services are designed to serve SEA individuals that have serious emotional disturbances (SED) or serious mental illness (SMI), and are in need of on-going community-based services.</p> <p>The Fresno Center uses SEA non-licensed/waivered mental health clinicians, under clinical direction and oversight by licensed clinicians, to increase capacity of persons served and the volume of specialty mental health services to the SEA population.</p> <p>The LWC serves Fresno County Medi-Cal-eligible children, adults and older adults with mental health treatment focusing on individuals with SED or SMI, and having problems coping with the assimilation process. The mental health services are provided in appropriate SEA languages accordingly to serve targeted population.</p>	MHP Work Plan:	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices Choose an item.

In addition, The Fresno Center's Living Well Center maintains a clinical supervision/training program for SEA graduate, post-graduate, doctoral and post-doctoral students. The goal of program's mental health training is to increase the number of licensed mental health professionals of SEA descent whose bi-lingual and bi-cultural capacity will allow greater accessibility to mental health services for those who are of Hmong, Laotian, Vietnamese or Cambodian descent.

Age Group Served 1: ALL AGES
 Age Group Served 2: Choose an item.
 Funding Source 1: Com Services & Supports (MHSA)
 Funding Source 2: Medical FFP

Dates Of Operation: October 1, 2018 to present
 Reporting Period: July 1, 2020 - June 30, 2021
 Funding Source 3: Choose an item.
 Other Funding: Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$1,499,071	Program Actual Amount:	\$1,418,476
Number of Unique Consumers Served During Time Period:	303		
Number of Services Rendered During Time Period:	6197		
Actual Cost Per Consumer:	\$ 1,418,476/6,197=4,681		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	October 1, 2018-June 30, 2021 (with 2 optional 12 month renewals)	For Other:	MH clinical training site, Cultural Specific Services
		Renewal Date:	July 1, 2021
Level of Care Information Age 18 & Over:	Medium Intensity Treatment (caseload 1:22)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: Southeast Asian children/youths (ages 0-18), adults (19-64) and older adults (ages 65 & older). Note: The Fresno Center works closely with Exceptional Parent Unlimited (EPU) for their youths 0-5 referrals.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult consumers and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for consumers and families are seamless. Consumers and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Cultural Competency

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Access to underserved communities

Choose an item.

Please describe how the selected concept (s) embedded :

Cultural Competency

To work effectively and cross culturally with the Southeast Asian population, the Living Well Center's program structure, staffing and services are reflective of the diverse cultural values, beliefs, and practices of persons served. The staff and student interns are all from the Hmong, Lao, or Cambodian communities. They all speak the languages and have first hand experiences, knowledge and skills to effectively work with Southeast Asian consumers of all ages. At present, we have peer support specialists, case managers, rehabilitation counselors, clinicians, and psychiatrist that are either Hmong, Lao, and Cambodian.

Also, our services are specifically tailored to meeting the needs, acculturation level, and experiences of our SEA consumers. Our interventions do not always take place in a traditional therapy settings,

and our therapeutic activities are sometimes “outside-of-the-box” to reflect the unique experiences, acculturation levels, and needs of our SEA persons served.

Furthermore, when a person is assessed into the program and an individualized Plan of Care (POC) is created, we include the options of seeking alternative healers from their own community as part of their treatment of plan.

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

In the SEA people, the wellness of the person does not depend solely on the individual person, but equally important is his/her family and clan members. Sometimes, positively changing the person can have negative consequences to the family unit. For example, helping the wife to build a strong sense of identity, empowerment, and self-esteem can in term cause the husband to worry and become angry thus affecting the whole family unit and their functionality. Including the husband in the process, the program would work to alleviate his concerns and increase support for his wife without sacrificing services to her. So, our work and services with our consumers is individualize, as well as inclusive of other family members from the time of intake and throughout the therapy process. Furthermore, to make sure our SEA consumers can take part in helping to plan their treatment plans and to have a sense of ownership and responsibility, we educate them and their family members about confidentiality, HIPAA, the purpose of the assessment, POC, and therapy processes. All of these are foreign concepts to them.

Also, our services embody the value of recovery and resiliency. This is reflective in our Southeast Asian Cross Cultural Counseling Model. This Southeast Asian Cross Cultural Counseling Model (SEA CCM) utilizes 4 approaches to having a balance and satisfactory life: CBT Approach, Skill Building, Positive Psychology, and Cultural Strength.

- ✓ *CBT Component.* Helping consumers to identify and replace unhealthy thinking/beliefs, and for them to avoid engaging in miserable and negative thoughts and behaviors.

- ✓ *Positive Psychology Component.* Helping persons served to focus on positive emotions, thoughts, and wellness. For example being grateful, having hope, having happiness, having inspiration, practicing wellness, empowering self and having inner peace.
- ✓ *Skills Building Component.* Skills like assertiveness, effective communication, working effectively with others, problem solving, and relaxation techniques, will be taught to persons served.
- ✓ *Cultural Strengths Component.* Help persons served with their own cultural values, practices, and beliefs to help them with their daily life changes and challenges. We focus on showing respect (Filial Piety!), practicing fairness (Relationship!), having compassion (i.e. exchanging knowledge/labor, having empathy & kindness, doing good deeds, and maintaining continuity with relatives and neighbors) (Happiness!), cultural identity, and celebrating their Culture (A Sense of Belonging!).

Access to underserved communities

LWC has offered cultural and linguistic mental health services to the Southeast Asian community in Fresno County for the last 10 plus years. Given their multiple barriers and challenges, high illiteracy rates, and different cultural beliefs and values system, accessibility and utilization of mental health services is very low. Our program offers the following mental health services.

- ✓ 24/7 Crisis Response
- ✓ Daily Program Rehabilitation/Support
- ✓ Intensive Case Management
- ✓ Social/Recreational Activities
- ✓ Assessment/Treatment Planning
- ✓ Individual/Group Therapy
- ✓ Individual/Group Rehabilitation Services
- ✓ Educational Groups
- ✓ Peer Support Groups
- ✓ Housing Support
- ✓ Collateral Services
- ✓ Referral/Linkages

We understand the experiences and challenges our persons served have encountered in utilizing mainstream mental health services. Therefore, it is our goal that our services to our Southeast Asian (SEA) persons served and their families are seamless and with minimal delays. Every persons served that is referred or walk-in into seeking our services is greeted by a bilingual and bicultural staff, who quickly assesses his/her situations. If the persons' served conditions warrant further help, he/she will then complete all necessary paperwork at the intake and an assessment appointment schedule ASAP within 10 days, and for psychiatry within 15 days of requests. We also make referrals and linkages services to other culturally linguistically and appropriate services within the organization and/or community.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

A. Effectiveness:

A performance dimension that assesses the degree to which an intervention or services have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served. Outcomes in following address the quality of service and care provided to the persons served. Reduction in Homelessness, Incarceration, probation attendance, hospitalization, psychiatric hospitalization, increase in employment and improvement in education.

Outcome Measures:

1. **Within 30 days of an individual's enrollment in the program, provide evidence of a plan of care developed in the individual's preferred language, approved, authorized and signed by the individual.**

- a. Indicator: Number of individuals with a plan of care created within 30 days.
 - i. Who applied: LWC
 - ii. Time of Measure: 1x; End of fiscal year
 - iii. *Data Source:* Consumers file Log

1. *Result:*

We reviewed our internal individual files from when individuals were enrolled into the program or

from when they were re-assessed and compared those to when individuals signed their plan of care (POC), and 100% (n=303) of POCs were authorized and signed by the individuals and our bilingual and bicultural clinicians within 30 days.

2. Within six months of being enrolled in the program, 100% of persons served will have documented linkages to a Primary Care Physician.

a. Indicator: Number of persons served with linkages services to a Primary Care Physician.

i. Who applied: LWC

ii. Time of Measure: 1x; End of fiscal year

iii. Data source: Consumers file Log

1. Result:

We reviewed our individual files from when individuals were enrolled into the program and then after 6 months, and we checked to see if the individual has a primary care or been linked to a primary care physician. Overall, 100% (n=303) of the individuals have been linked with or have already had a PCP identified during enrollment.

3. Individuals receiving services shall have zero (0) days of homelessness after being enrolled in the program, unless the individual declined housing assistance.

a. Indicator: Number of persons served, enrolled and received services, that were homeless at intake, during, or after engaging in services.

i. Who applied: LWC

ii. Time of Measure: 1x; End of fiscal year

iii. Data source: Consumers file Log

1. Result:

We reviewed our log and of the 303 consumers that we saw this fiscal 2020-2021 year, we have zero (0) consumer that reported they were homeless.

4. 90% of those receiving services will become more physically active through participating in healthy walking and exercising and other therapeutic arts and crafts activities.

a. Indicator: Number of persons served actively participating in physical activities.

i. Who applied: LWC

ii. Time of Measure: 1x; End of fiscal year

iii. Data Source: Consumers attendance sheets and billable service

1. Result: Due to the COVID-19 restrictions, we did not hold any in-person services and/or activities.

5. 75% of those engaged in services will show stabled or improvement in their well-being.

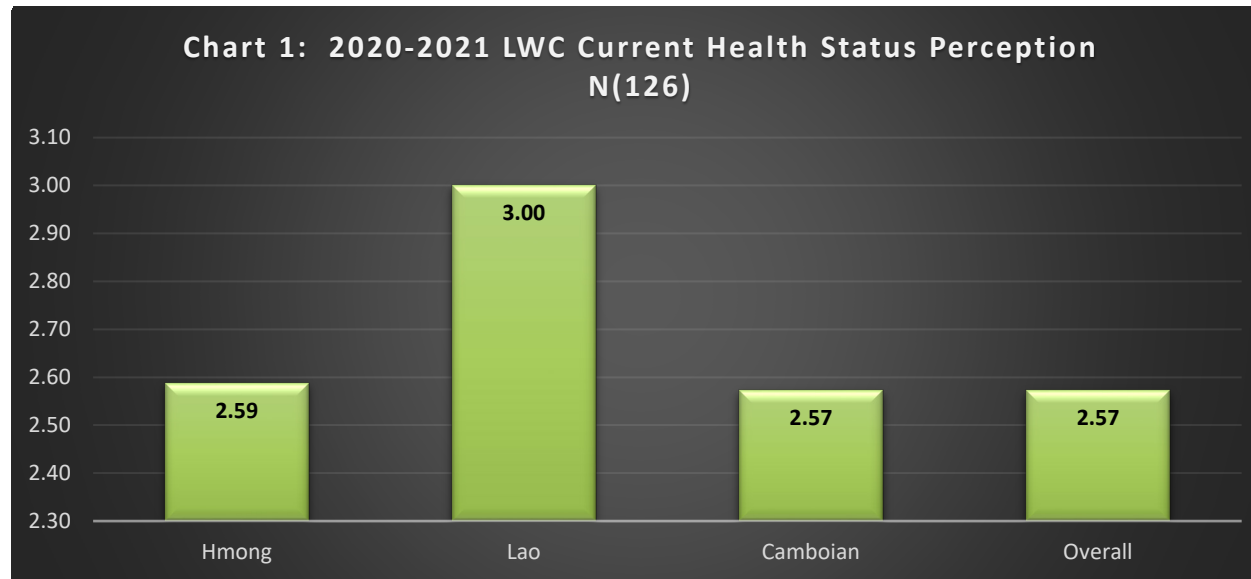
a. Indicator 1: Number of persons served who self-reported their condition stabilized or improved.

- i. Who applied: LWC
- ii. Time of Measure: 1x; End of fiscal year
- iii. Data Source: Consumer Perception Survey
- iv. Result:

Regardless of types of services received (OP, FSP, ICM), gender, age group, and ethnicity, 100% of the consumers (N-126) we surveyed at the end of this fiscal year, after receiving services from LWC, self-reported agreeing to strongly agreeing that they were able to better manage their daily stressors, control their life, and noticed a reduction in their symptoms and/or problems. Additionally, when it comes to self-reported wellbeing, all ethnic groups and participants in each of the LWC services reported their health condition to be in fair to good (Chart 1 and Chart 2).

	Better Management of Problems	Better Control of Life	Symptoms/ Problems Reduction
FSP	4.43	4.07	3.79
ICM	3.43	3.79	3.64
OP	3.81	4.10	3.81
OP/ICM	4.16	3.96	3.87
Adults	4.04	4.00	3.86
Older Adults	4.07	3.93	3.76
Female	3.98	3.89	3.69
Male	4.19	4.14	4.10
Hmong	4.18	3.99	3.87
Lao	4.00	4.00	3.80
Cambodian	4.03	3.99	3.82
Overall	4.03	3.99	3.82

Note: 5=Strongly Agree; 4; Agree; 3=Neutral; 2=Disagree; 1=Strongly Disagree



3=Good; ;2=Fair;1=Poor

Note: 4=Very good;

Chart 2: 2020-2021 LWC Current Self-Reported Health Status Perception
N=126



	ICM						OP						FSP					
	Overall (N=139)		Female (N=104)		Male (N=35)		Overall (N=73)		Female (N=45)		Male (N=28)		Overall (N=28)		Female (N=12)		Male (N=35)	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Min	22.0	27.0	22.0	27.0	31.0	27.0	22.0	22.0	22.0	22.0	25.0	22.0	22.0	22.0	22.0	22.0	22.0	22.0
Max	66.0	64.0	66.0	64.0	66.0	62.0	66.0	64.0	66.0	64.0	66.0	57.0	64.0	60.0	64.0	60.0	50.0	52.0
Avg	52.1	49.0	52.1	50.1	51.9	45.5	49.7	48.2	52.1	50.4	44.6	43.4	37.4	39.2	36.6	39.8	38.3	38.6

b. Indicator 2: Number of persons served that show decrease on the Hmong Adaptive Beck Depression Inventory Scale.

i. Data Source: Number of consumers that completed an initial HABDI and reassessment.

1. Result:

Table 2: 2020-2021 HABDI Average Pre and Post Scores by Services and Gender

The Beck Depression Inventory (BDI)-long form is a 21 item self-report inventoryⁱ that evaluates the level of depression in adolescents (aged 13 and older) and adults. The items include cognitive, affective, somatic, and vegetative aspects of depression. The subject is asked to rate each item on a 4-point scale of severity. A total score is determined by aggregating the item responses and may range from 0 to 63.

(normal-severe).

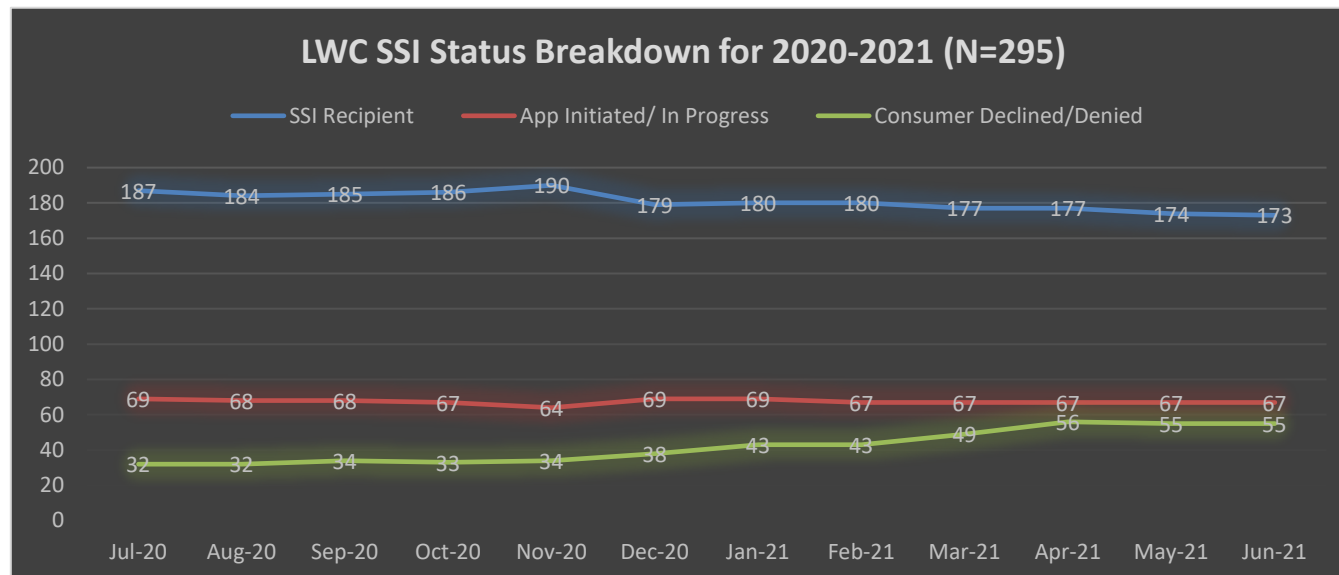
Overall, the average pre and post scores showed a decrease in the HABDI for consumers gender in all of the services, with the exception of our FSP services. Persons served in this services are the most recent clients to our Living Well Center and they are the most severe requiring contacts 3 times a week.

6. Within 180 days of being enrolled in the program, 100% of individuals who did not have SSI will have completed applications to receive SSI.

a. Indicator: Number of individuals enrolled who has not have a completed SSI application.

i. Result.

For our SSI application processing, we informed individuals of the pros and cons of applying within the 6-month period. We educated them on the importance of their psychological treatments in helping them with their case.



At present, 100 percent (n=295) of our consumers have been assisted with SSI. To date, 59 percent (n=173) of persons served are identified as being disabled and are receiving some forms of SSI disability income, while 23 percent

(n=67) have begun their application process or is in the process of waiting for decision, and 19 percent (n=55) have

been identified as being declined or denied.

7. Increase the number of mental health professionals of SEA descent qualified for licensure through hours earned. A minimum of four (4) student interns shall enter and complete, or show satisfactory progress towards completion of required clinical hours or completion of the intern program.

- a. Indicator: Number of hours accumulated by students and by the number of students that obtain valid California licensure in their respective field that have completed the required hours within the clinical training/supervision program.

i. Data Source: Intern/Staffing File Log

1. Result:

This year we have a total of 6 graduate students that completed a cumulative total of 3208 hours with our Center. At the same time, we have 6 staff who are continuing to collect their hours towards their licensure requirements. They each have completed approximately 1,000 hours for this fiscal year. We have one staff who became licensed this year.

Column1	STUDENT INTERNS	TYPE OF LIC	YEAR START	UNIVERSITY	FISCAL YEAR	HOURS COMPLETED
1	VUE, PAZONG	MFT-INTERN	SEP. 2020	UNIV PHOENIX	2020-2021	600
2	VUE, SUSAN	MFT-INTERN	SEP. 2020	UNIV PHOENIX	2020-2021	600
3	VANG, LOUA (practicum)	MS-REHAB	Feb-21	CSU, FRESNO	2020-2021	200
4	TRAN, THAO	NP-INTERN	Feb. 2021	UNIV MICHIGAN	2020-2021	280
5	HER, TANG	MS-Intern	May-21	UNIV NEVADA, RENO	2021-2021	Approximately 164
6	XIONG, DONNA	MS-Intern	May-21	UNIV NEVADA, RENO	2021-2021	Approximately 164
7	Chong, Tzyy	MS-Intern	August-2020	CSU, FRESNO	2020-2021	1200

Column1	UNLICENSED STAFF	TYPE OF LIC	YEAR START	UNIVERSITY	FISCAL YEAR	HOURS COMPLETED
1	VANG, BAO	APCC	2019	CSU, FRESNO	2020-2021	Approximately 1,500
2	LEE, KA YENG	APCC	2017	CSU, FRESNO	2020-2021	Approximately 1986
3	LEE, MAYNONG	APCC	2018	CSU, FRESNO	2020-2021	Approximately 4,000
4	VANG, DAISY	ASW	2019	CSU, FRESNO	2020-2021	Approximately 3,045
5	VANG, SAI	AMFT	2018	CSU, FRESNO	2020-2021	Aproximately 3,000
6	XIONG, ARICK	AMFT	2019	UNIV PHOENIX	2020-2021	Approximately 3,000
7						
8						

Column1	Licensed STAFF	TYPE OF LIC	YEAR START	UNIVERSITY	FISCAL YEAR	Column7
1	GUISTI, LYNN	LCSW	2017	CSU,FRESNO	2020-2021	NA

(B). Efficiency:

Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results and the

resources used to deliver the service. For example service delivery cost per service unit, length of stay in the program, and direct service hours of clinical and medical staff. These can be calculated internally on a monthly basis.

Outcome measures

Reference Table: Estimated Fiscal Year 2020-2021 All Counts

Count of Services:	6197
Count of Unique Consumers:	303
Sum of Units:	339,342
Sum of Cost of Service:	\$2,061,937.10
Count of Unique Provider:	22

1. **Cost per service unit:** $\$2,061,937/6197 = \332.73
2. **Length of Stay in the Program.**

	Age in Years			Length of Stay by Month and Year						Gender			
				Min		Max		Avg					
	Min	Max	Avg	Month	Year	Month	Year	Month	Year	Female	%	Male	%
ICM	20.1	89.1	54.9	0.3	0	199	17	53	4	133	73%	48	27%
OP	19.1	79.5	51	0.3	0	104.9	0.7	23	2	45	63%	27	37%

For our OP/ICM services, our most recent consumer was seen about a couple of days ago to as long as 17 years. Overall, the average number of years consumers in our ICM services was 4 years and for our OP services was 2 years.

All of our consumers were reassessed at minimal annually to ensure they continued to meet SMI criteria. We have a number of consumers with chronic long term mental Health illnesses, like PTSD and depression that require continuous mental health services and support.

3. Direct hours of clinical staffing

To calculate the total hours for clinical staff, the total Sum of Units was divided by an average of 60 minutes time staff usually spent with consumers.

339,342 minutes/60 minutes=5,656 total clinical time.

4. Direct hours of medical staffing*:

To calculate the total hours for medical staff, the total Sum of Units was divided by an average of 40 minutes our medical staff spent with consumers.

5,025 minutes/40 minutes=126 total medical staffing time. **Note*:** Medical staff was only .05% FTE here.

(c) Access:

A performance dimension addressing the degree to which a person needing services is able to access those services. Timeliness of program entry (from first request for service to first service), ongoing wait times/wait lists, minimizing barriers to getting services, convenience of service hours and locations, and number of persons served.

Outcome Measures**1. Service timeliness is 10 business days from the initial service request to first service for Outpatient and 15 for psychiatry appointment.**

a. Indicator: Average length of time from initial request to first clinical assessment/psychiatry

ii. Data Source: Consumers File Log

1. Result:

This fiscal year we have approximately 57 referrals to our Center. Due to the COVID-19 Pandemic, the average day it took for us to get a consumer in for an initial assessment was 13 days. Over 60 percent

were

seen within the 10 days.

For psychiatric appointment, we had a total of 23 referrals. The average day it took to see a psychiatrist was

16 days. About 65 percent of the referral were seen by a psychiatrist within the 15 days.

2. Increase access to outpatient/intensive case management specialty mental health services from 120 SEA persons served to 220 persons served in the preferred language of the person served.

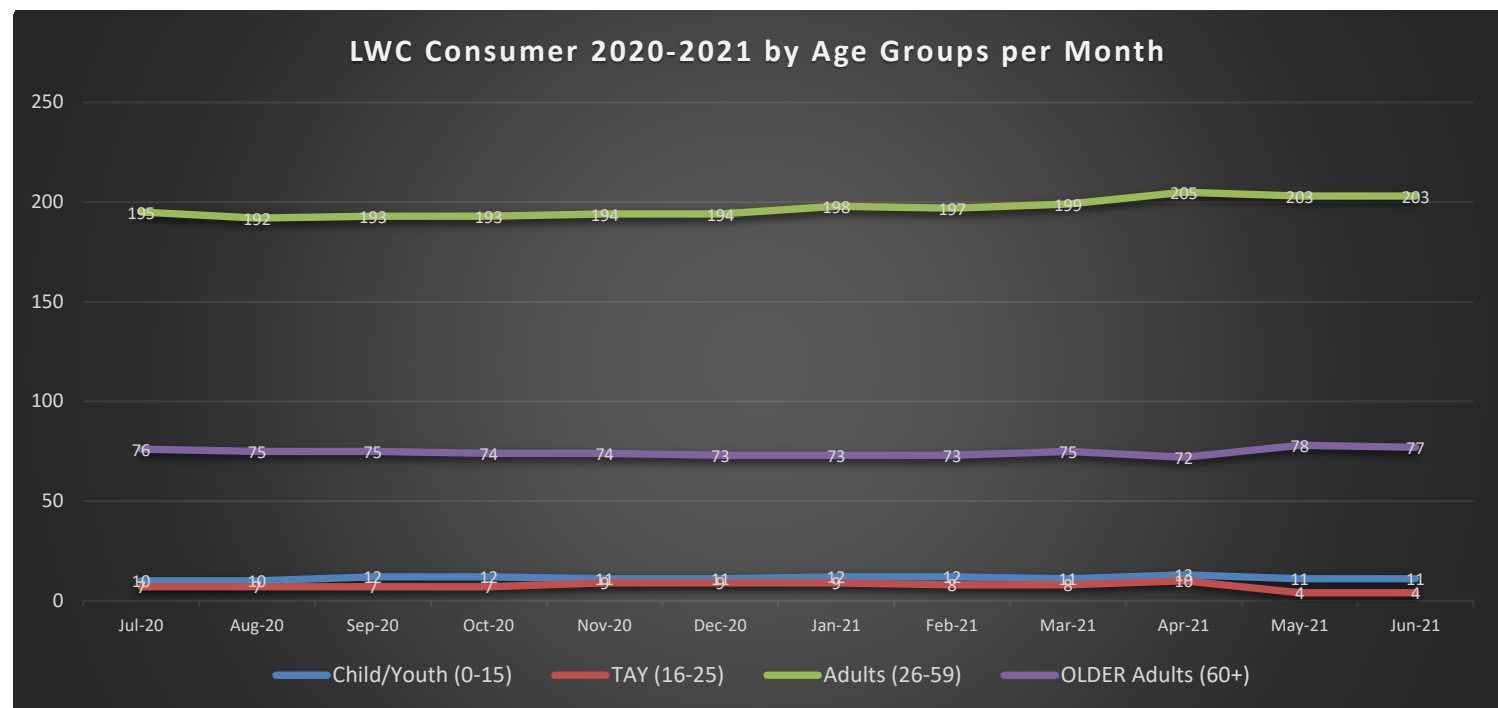
a. Indicator: Number of persons served per month that were treated; track the preferred languages of the mental health services that are provided to each SEA individual.

iii. Data Source: Consumers File Log

1. *Result:*

Graph below shows an overall steady increased in the numbers of consumers in fiscal year 3 (2020-2021). Both our adults and older adult groups are the two larger groups, while our child/youth and TAY groups are the smaller group and has been steady throughout the year. We showed a steady and slow increase number of consumers from 288 in the beginning of July 2020 and finished off with 295 consumers at the end of June 30, 2021. However, overall we served a total of 303 consumers for the year.

This year we provided our services were provided in Hmong, Cambodian, Lao, and Mandarin.



3. Evidenced of improved access to mental health services of all persons engaged

a. Indicator: Number/Percentage of individuals being linked/engaged to services (i.e., PCP, Medi-Cal, SSI).

iv. Consumer file log

1. *Result.*

Due to the COVID-19 Pandemic restrictions, all of our services were conducted over the telephone.

Therefore, our linkage services were severely impacted. Linkages/engagements services to other other resources and services were very limited, as these services are more in-person for our consumers.

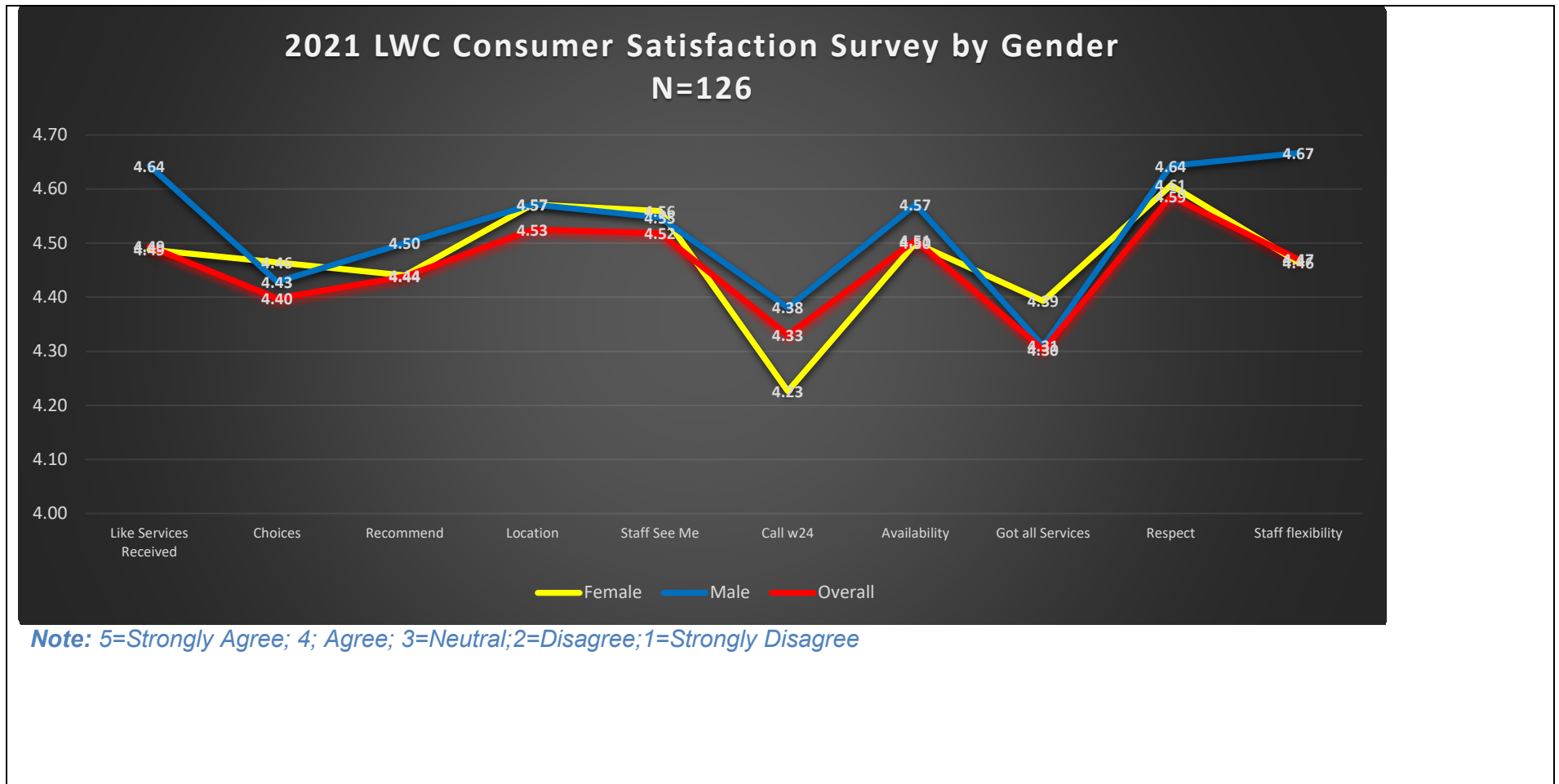
One resource we provided on a weekly and monthly basis was the food distribution. Nearly, 100% of our OP/ICM consumers were informed about our weekly and monthly food distribution, however, due to the COVID-19 Pandemic fear and restrictions about 100 consumers managed to actively come to receive the food.

D. Satisfaction and Feedback from Persons Served and Stakeholders

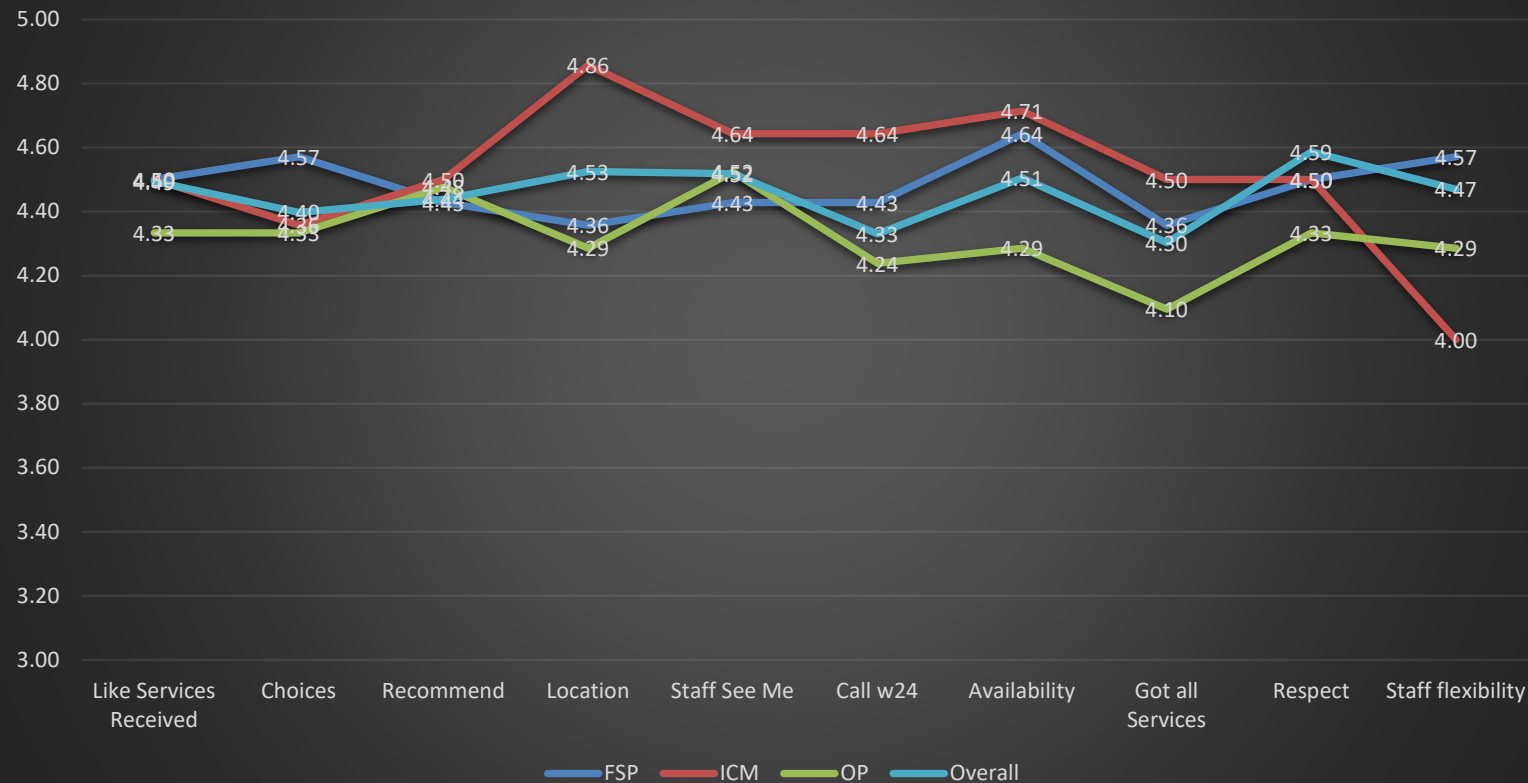
No grievances or concerns were reported this fiscal year.

As indicated in the graphs below, LWC OP/ICM consumers, regardless of ethnicity, gender, or services, all reported agreeing to strongly agree on the following areas:

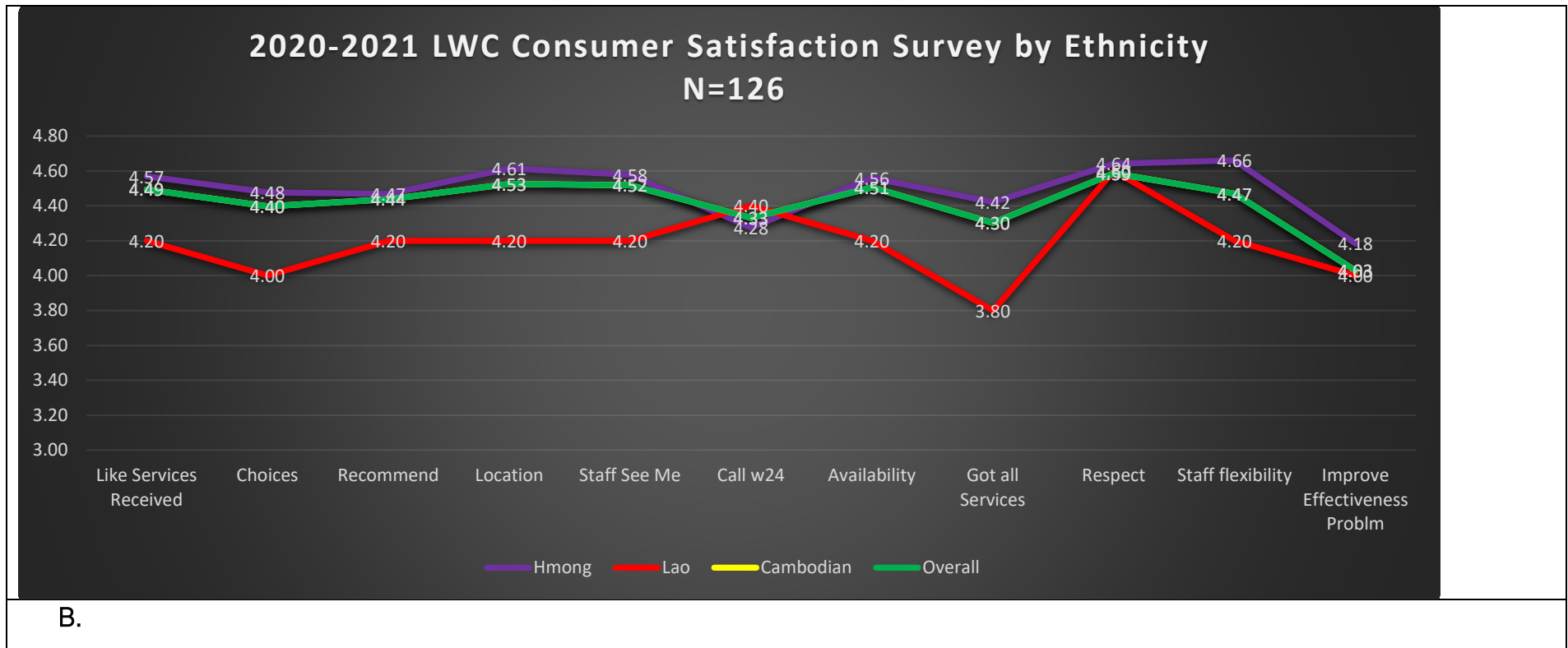
- I like the services that I received here.
- If I ha other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family
- The location of services was convenient (parking, public transportation, distance. etc.
- Staff were willing to see me as foten as I felit was necessary.
- Staff returned my call within 24 hours
- Services were available at tiems that were good for me
- I was able to get all of ther services I thought I needed.
- Staff here treat me with respect.
- Staff are willing to be flexible and provide alternative approaches or services to meet my needs.



2020-2021 LWC Consumer Perception Survey by Services (N=126)



Note: 5=Strongly Agree; 4; Agree; 3=Neutral; 2=Disagree; 1=Strongly Disagree



Note: 5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree

DEPARTMENT RECOMMENDATION(S):

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